

Senate Amendment 5268

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1 1 Amend the amendment, S=5172, to House File 2539, as
1 2 amended, passed, and reprinted by the House, as
1 3 follows:
1 4 #1. Page 1, by striking lines 36 through 40.
1 5 #2. Page 1, line 43, by inserting after the figure
1 6 <514E.5A,> the following: <develop a comprehensive
1 7 plan to cover all children without health care
1 8 coverage that utilizes and modifies existing public
1 9 programs including the medical assistance program, the
1 10 hawk=i program, and the hawk=i expansion program,
1 11 and>.
1 12 #3. Page 2, by inserting after line 40 the
1 13 following:
1 14 <Sec. _____. Section 249A.3, Code Supplement 2007,
1 15 is amended by adding the following new subsection:
1 16 NEW SUBSECTION. 14. The department shall provide
1 17 continuous eligibility for twelve months under the
1 18 medical assistance program for a child who was
1 19 eligible for enrollment at the time of the most recent
1 20 enrollment.>
1 21 #4. Page 3, line 27, by striking the words
1 22 <exclusive of any income disregards>.
1 23 #5. Page 3, line 34, by striking the figure <(1)>.
1 24 #6. By striking page 3, line 47, through page 4,
1 25 line 21, and inserting the following: <outreach and
1 26 marketing. Other state agencies including but not
1 27 limited to the department of revenue, the department
1 28 of economic development, and the department of
1 29 education shall cooperate with the department in
1 30 providing marketing and outreach to potentially
1 31 eligible children and their families.>
1 32 #7. Page 4, by striking lines 25 through 34 and
1 33 inserting the following:
1 34 <NEW PARAGRAPH. 1. Develop options and
1 35 recommendations to allow children eligible for the
1 36 hawk=i or hawk=i expansion program to participate in
1 37 qualified employer=sponsored health plans through a
1 38 premium assistance program. The options and
1 39 recommendations shall ensure reasonable alignment
1 40 between the benefits and costs of the hawk=i and
1 41 hawk=i expansion programs and the employer=sponsored
1 42 health plans consistent with federal law. The options
1 43 and recommendations shall be completed by January 1,
1 44 2009, and submitted to the governor and the general
1 45 assembly for consideration as part of the hawk=i and
1 46 hawk=i expansion programs.>
1 47 #8. Page 4, by striking lines 39 through 41 and
1 48 inserting the following: <and supporting
1 49 documentation. The administrative contractor shall
1 50 not enroll a child who has group health coverage ~~or~~
2 1 ~~any child who has dropped coverage>.~~
2 2 #9. Page 4, line 44, by striking the word <board->
2 3 and inserting the following: <board.>
2 4 #10. Page 4, by inserting before line 45 the
2 5 following:
2 6 <Sec. _____. Section 514I.8, subsection 1, Code
2 7 2007, is amended to read as follows:
2 8 1. Effective July 1, 1998, and notwithstanding any
2 9 medical assistance program eligibility criteria to the
2 10 contrary, medical assistance shall be provided to, or
2 11 on behalf of, an eligible child under the age of
2 12 nineteen whose family income does not exceed one
2 13 hundred thirty=three percent of the federal poverty
2 14 level, as defined by the most recently revised poverty
2 15 income guidelines published by the United States
2 16 department of health and human services.
2 17 Additionally, effective July 1, 2000, and
2 18 notwithstanding any medical assistance program
2 19 eligibility criteria to the contrary, medical
2 20 assistance shall be provided to, or on behalf of, an
2 21 eligible infant whose family income does not exceed
2 22 two hundred percent of the federal poverty level, as
2 23 defined by the most recently revised poverty income
2 24 guidelines published by the United States department

2 25 of health and human services. Effective July 1, 2009,
2 26 and notwithstanding any medical assistance program
2 27 eligibility criteria to the contrary, medical
2 28 assistance shall be provided to, or on behalf of, an
2 29 eligible infant whose family income is at or below
2 30 three hundred percent of the federal poverty level, as
2 31 defined by the most recently revised poverty income
2 32 guidelines published by the United States department
2 33 of health and human services.>

2 34 #11. Page 5, line 26, by striking the words
2 35 <exclusive of any income disregards>.

2 36 #12. Page 6, by inserting after line 7 the
2 37 following:

2 38 <Sec. ____ . MAXIMIZATION OF ENROLLMENT AND
2 39 RETENTION == MEDICAL ASSISTANCE AND HAWK=I PROGRAMS.

2 40 1. The department of human services, in
2 41 collaboration with the department of education, the
2 42 department of public health, the division of insurance
2 43 of the department of commerce, the hawk=i board, the
2 44 covering kids and families coalition, and the covering
2 45 kids now task force, shall develop a plan to maximize
2 46 enrollment and retention of eligible children in the
2 47 hawk=i and medical assistance programs. In developing
2 48 the plan, the collaborative shall review, at a
2 49 minimum, all of the following strategies:

2 50 a. Streamlined enrollment in the hawk=i and
3 1 medical assistance programs. The collaborative shall
3 2 identify information and documentation that may be
3 3 shared across departments and programs to simplify the
3 4 determination of eligibility or eligibility factors,
3 5 and any interagency agreements necessary to share
3 6 information consistent with state and federal
3 7 confidentiality and other applicable requirements.

3 8 b. Conditional eligibility for the hawk=i and
3 9 medical assistance programs.

3 10 c. Retroactive eligibility for the hawk=i program.

3 11 d. Expedited renewal for the hawk=i and medical
3 12 assistance programs.

3 13 2. Following completion of the review the
3 14 department of human services shall compile the plan
3 15 which shall address all of the following relative to
3 16 implementation of the strategies specified in
3 17 subsection 1:

3 18 a. Federal limitations and quantifying of the risk
3 19 of federal disallowance.

3 20 b. Any necessary amendment of state law or rule.

3 21 c. Budgetary implications and cost=benefit
3 22 analyses.

3 23 d. Any medical assistance state plan amendments,
3 24 waivers, or other federal approval necessary.

3 25 e. An implementation time frame.

3 26 3. The department of human services shall submit
3 27 the plan to the governor and the general assembly no
3 28 later than December 1, 2008.>

3 29 #13. Page 7, line 45, by inserting after the word
3 30 <provisions> the following: <for the development of a
3 31 comprehensive plan to provide health care coverage to
3 32 all children without such coverage, that utilizes and
3 33 modifies existing public programs, including the
3 34 medical assistance program, hawk=i, IowaCare, and
3 35 hawk=i expansion, and provides>.

3 36 #14. Page 7, line 48, by inserting after the words
3 37 <for the> the following: <comprehensive plan and for
3 38 the>.

3 39 #15. Page 8, by inserting after line 49 the
3 40 following:

3 41 <1. The association, in consultation with the
3 42 advisory council, shall develop a comprehensive plan
3 43 to provide health care coverage to all children
3 44 without such coverage, that utilizes and modifies
3 45 existing public programs including the medical
3 46 assistance program, hawk=i program, and hawk=i
3 47 expansion program, and establishes the Iowa choice
3 48 health care coverage program to provide access to
3 49 private unsubsidized, affordable, qualified health
3 50 care coverage to children who are not otherwise
4 1 eligible for health care coverage through public
4 2 programs.>

4 3 #16. By striking page 8, line 50, through page 9,
4 4 line 4, and inserting the following:

4 5 <____. As part of the comprehensive plan developed

4 6 by the association and the advisory council, the Iowa
4 7 choice health care coverage program shall provide
4 8 access to private unsubsidized, affordable, qualified
4 9 health care coverage to all Iowa children>.
4 10 #17. Page 9, line 9, by inserting after the word
4 11 <level> the following: <and who are not otherwise
4 12 eligible for coverage under chapter 249A, 249J, or
4 13 514I>.
4 14 #18. Page 9, by striking lines 18 through 35.
4 15 #19. Page 9, line 36, by striking the word <The>
4 16 and inserting the following: <As part of the
4 17 comprehensive plan developed, the>.
4 18 #20. Page 10, line 22, by striking the word <The>
4 19 and inserting the following: <As part of the
4 20 comprehensive plan developed, the>.
4 21 #21. Page 10, line 38, by striking the word <The>
4 22 and inserting the following: <As part of the
4 23 comprehensive plan, the>.
4 24 #22. Page 11, line 10, by striking the word <The>
4 25 and inserting the following: <As part of the
4 26 comprehensive plan, the>.
4 27 #23. Page 11, line 39, by striking the words <in
4 28 administering> and inserting the following: <in
4 29 developing the comprehensive plan, and in
4 30 administering the comprehensive plan and>.
4 31 #24. Page 12, by inserting after line 2 the
4 32 following:
4 33 <____. The association shall submit the
4 34 comprehensive plan required by this section to the
4 35 governor and the general assembly by December 15,
4 36 2008. The appropriations to cover children under the
4 37 medical assistance, hawk=i, and hawk=i expansion
4 38 programs as provided in this Act and to provide
4 39 related outreach for fiscal year 2009=2010 and fiscal
4 40 year 2010=2011 are contingent upon enactment of a
4 41 comprehensive plan during the 2009 legislative session
4 42 that provides health care coverage for all children in
4 43 the state. Enactment of a comprehensive plan shall
4 44 include a determination of what the prospects are of
4 45 federal action which may impact the comprehensive plan
4 46 and the fiscal impact of the comprehensive plan on the
4 47 state budget.>
4 48 #25. Page 12, by striking lines 3 through 6 and
4 49 inserting the following:
4 50 <____. Beginning on January 15, 2010, and on
5 1 January 15 of each year thereafter, the association
5 2 shall submit an annual report to the governor and the
5 3 general assembly regarding implementation of the
5 4 comprehensive plan required by this section, including
5 5 all activities of the Iowa choice health care coverage
5 6 program including>.
5 7 #26. Page 12, line 16, by inserting after the
5 8 words <of the> the following: <comprehensive plan and
5 9 the Iowa choice health care coverage>.
5 10 #27. Page 12, line 18, by inserting after the word
5 11 <individuals> the following: <, particularly children
5 12 less than nineteen years of age,>.
5 13 #28. Page 12, by striking lines 33 through 39 and
5 14 inserting the following:
5 15 <1. An advisory council is created for the purpose
5 16 of assisting the association with developing a
5 17 comprehensive plan to cover all children without
5 18 health care coverage that utilizes and modifies
5 19 existing public programs and provides access to
5 20 unsubsidized, affordable, qualified private health
5 21 care coverage through the Iowa choice health care
5 22 coverage program as provided in section 514E.5. The
5 23 advisory council shall make recommendations concerning
5 24 the design and implementation of the comprehensive
5 25 plan and the Iowa choice health care coverage program
5 26 including a plan of operation which includes but is
5 27 not limited to a definition of>.
5 28 #29. By striking page 12, line 46, through page
5 29 13, line 12, and inserting the following:
5 30 <2. The advisory council consists of the following
5 31 persons who are voting members unless otherwise
5 32 provided:
5 33 a. The two most recent former governors, or if one
5 34 or both of them are unable or unwilling to serve, a
5 35 person or persons appointed by the governor.
5 36 b. Six members appointed by the governor, subject

5 37 to confirmation by the senate:
5 38 (1) A representative of the federation of Iowa
5 39 insurers.
5 40 (2) A health economist.
5 41 (3) Two consumers, one of whom shall be a
5 42 representative of a children's advocacy organization.
5 43 (4) A representative of organized labor.
5 44 (5) A representative of an organization of
5 45 employers.
5 46 c. The following members shall be ex officio,
5 47 nonvoting members of the council:
5 48 (1) The commissioner of insurance, or a designee.
5 49 (2) The director of human services, or a designee.
5 50 (3) The director of public health, or a designee.>

6 1 #30. Page 13, line 13, by striking the word <e.>
6 2 and inserting the following: <(4)>.

6 3 #31. Page 13, by striking lines 18 and 19 and
6 4 inserting the following: <the minority leader of the
6 5 senate.>

6 6 #32. Page 13, by striking line 48 and inserting
6 7 the following: <association to be used for the
6 8 purposes of designing and implementing a comprehensive
6 9 plan and the Iowa>.

6 10 #33. Page 13, line 49, by inserting after the word
6 11 <program> the following: <as provided in section
6 12 514E.5>.

6 13 #34. By striking page 14, line 18, through page
6 14 16, line 8, and inserting the following:

6 15 <HEALTH INSURANCE OVERSIGHT
6 16 Sec. _____. Section 505.8, Code Supplement 2007, is
6 17 amended by adding the following new subsection:
6 18 NEW SUBSECTION. 15. Beginning no later than
6 19 November 1, 2008, and continuing thereafter, the
6 20 commissioner shall, from time to time, convene
6 21 representatives of health insurers and health care
6 22 providers licensed under chapter 148, 150, or 150A, to
6 23 discuss and make recommendations about issues relating
6 24 to cost containment, quality, and access of health
6 25 care for Iowans, with a focus on major factors and
6 26 trends in health care. The commissioner may identify
6 27 procedures or practices related to health insurance
6 28 that merit regulatory intervention or direction by the
6 29 commissioner and shall take action as deemed
6 30 appropriate within the commissioner's authority. The
6 31 commissioner may make recommendations to the general
6 32 assembly and the governor regarding legislation to
6 33 improve the efficient and effective delivery of health
6 34 care services and to strengthen the private health
6 35 insurance market in this state.

6 36 Sec. _____. HEALTH INSURANCE OVERSIGHT ==
6 37 APPROPRIATION. There is appropriated from the general
6 38 fund of the state to the insurance division of the
6 39 department of commerce for the fiscal year beginning
6 40 July 1, 2008, and ending June 30, 2009, the following
6 41 amount, or so much thereof as is necessary, for the
6 42 purpose designated:

6 43 For identification and regulation of procedures and
6 44 practices related to health care as provided in
6 45 section 505.8, subsection 15:>

6 46 #35. Page 17, by inserting after line 13 the
6 47 following:

6 48 <(8) A licensed practicing physician.
6 49 (9) A licensed health care provider who is not a
6 50 licensed practicing physician.>

7 1 #36. Page 17, by inserting after line 13 the
7 2 following:

7 3 <b. In addition, the director of public health and
7 4 the director of human services shall be ex officio,
7 5 nonvoting members of the commission.>

7 6 #37. Page 18, line 16, by striking the word
7 7 <January> and inserting the following: <July>.

7 8 #38. Page 19, line 1, by striking the word
7 9 <January> and inserting the following: <July>.

7 10 #39. Page 19, line 7, by striking the word
7 11 <January> and inserting the following: <July>.

7 12 #40. Page 20, line 32, by inserting after the word
7 13 <system> the following: <, and for not more than the
7 14 following full-time equivalent positions>.

7 15 #41. Page 20, by inserting after line 33 the
7 16 following:

7 17 <..... FTEs

7 18 #42. Page 23, by inserting after line 30 the
7 19 following:
7 20 <The department shall procure a sole source
7 21 contract to implement the patient autonomy in health
7 22 care decisions pilot project and associated activities
7 23 under this section.>
7 24 #43. Page 24, line 34, by inserting after the word
7 25 <division> the following: <and for not more than the
7 26 following full-time equivalent positions>.
7 27 #44. Page 24, by inserting after line 35 the
7 28 following:
7 29 <..... FTEs 4.00>
7 30 #45. Page 25, by striking lines 2 and 3, and
7 31 inserting the following:
7 32 <#____. Page 29, line 25, by inserting after the
7 33 figure <249J.16.> the following: <The council shall
7 34 also coordinate its efforts with the efforts of the
7 35 department of public health regarding health care
7 36 quality, cost containment, and consumer information
7 37 under section 135.163>.
7 38 #46. Page 25, by inserting before line 4, the
7 39 following:
7 40 <#____. Page 31, by inserting after line 8, the
7 41 following:>
7 42 #47. Page 25, line 8, by striking the words
7 43 <OFFICE OF>.
7 44 #48. Page 25, line 10, by striking the words
7 45 <OFFICE OF>.
7 46 #49. Page 25, by striking lines 13 through 17 and
7 47 inserting the following:
7 48 <1. The department shall, at a minimum, do all of
7 49 the following, to improve health care quality, cost
7 50 containment and consumer information:>
8 1 #50. Page 25, line 18, by striking the words <and
8 2 implement>.
8 3 #51. Page 25, by striking line 26 and inserting
8 4 the following: <organization, the Iowa Medicaid
8 5 enterprise, and the medical assistance quality
8 6 improvement council established pursuant to section
8 7 249A.36.>
8 8 #52. Page 26, line 18, by striking the words
8 9 <OFFICE OF>.
8 10 #53. Page 26, line 25, by striking the words
8 11 <office of>.
8 12 #54. Page 26, line 27, by inserting after the word
8 13 <division> the following: <and for not more than the
8 14 following full-time equivalent positions>.
8 15 #55. Page 26, by inserting after line 28 the
8 16 following:
8 17 <..... FTEs 3.00>
8 18 #56. Page 26, line 30, by striking the words
8 19 <BUREAU OF HEALTH> and inserting the following:
8 20 <HEALTH AND LONG-TERM>.
8 21 #57. Page 26, line 31, by striking the words
8 22 <BUREAU OF HEALTH> and inserting the following:
8 23 <HEALTH AND LONG-TERM>.
8 24 #58. Page 26, by striking line 33 and inserting
8 25 the following:
8 26 <The department shall>.
8 27 #59. Page 26, line 37, by inserting after the word
8 28 <state.> the following: <The health care delivery
8 29 infrastructure and the health care workforce shall
8 30 address the broad spectrum of health care needs of
8 31 Iowans throughout their lifespan including long-term
8 32 care needs.>
8 33 #60. Page 26, line 38, by striking the word
8 34 <bureau> and inserting the following: <department>.
8 35 #61. Page 27, lines 11 and 12, by striking the
8 36 words <bureau of health care access> and inserting the
8 37 following: <department>.
8 38 #62. Page 27, line 19, by striking the word
8 39 <bureau> and inserting the following: <department>.
8 40 #63. Page 28, by inserting after line 15 the
8 41 following:
8 42 <(8) Recognizing long-term care as an integral
8 43 component of the health care delivery infrastructure
8 44 and as an essential service provided by the health
8 45 care workforce.>
8 46 #64. Page 29, line 5, by inserting after the word
8 47 <and> the following: <health care workforce>.
8 48 #65. Page 29, line 6, by striking the word

8 49 <bureau> and inserting the following: <department>.
8 50 #66. Page 30, line 5, by striking the word
9 1 <bureau> and inserting the following: <department>.
9 2 #67. Page 31, line 3, by striking the words
9 3 <bureau, the department,> and inserting the following:
9 4 <department>.
9 5 #68. Page 31, line 4, by inserting after the word
9 6 <Iowa.> the following: <The health care workforce
9 7 resources plan shall recognize long=term care as an
9 8 essential service provided by the health care
9 9 workforce.>
9 10 #69. Page 31, line 5, by striking the word
9 11 <bureau> and inserting the following: <department>.
9 12 #70. Page 31, line 11, by striking the words
9 13 <BUREAU OF>.
9 14 #71. Page 31, line 17, by striking the words
9 15 <bureau of>.
9 16 #72. Page 31, line 18, by inserting after the word
9 17 <division> the following: <, and for not more than
9 18 the following full=time equivalent positions>.
9 19 #73. Page 31, by inserting after line 19 the
9 20 following:
9 21 <..... FTEs 3.00>
9 22 #74. Page 31, by striking lines 20 through 23 and
9 23 inserting the following:
9 24 <#____. Page 33, by inserting after line 22 the
9 25 following:>
9 26 #75. Page 31, by striking line 27 and inserting
9 27 the following: <for the fiscal year beginning July 1,
9 28 2008, and>.
9 29 #76. Page 31, by striking line 31 and inserting
9 30 the following: <, and for not more than the following
9 31 full=time equivalent positions:>
9 32 #77. Page 31, by inserting after line 32 the
9 33 following:
9 34 <..... FTEs 3.00
9 35 Sec. ____ NEW SECTION. 135.40A. HEALTH CARE
9 36 COLLABORATIVE REQUIREMENTS.
9 37 1. In order to receive state funding, the voting
9 38 membership of the board of directors of the healthcare
9 39 collaborative as defined in section 135.40 shall
9 40 include at least a majority of consumer
9 41 representatives.
9 42 2. The health care collaborative shall model its
9 43 quality health care measures, indicators, events,
9 44 practices, and products to assess health care quality
9 45 on those of the national quality forum. The
9 46 healthcare collaborative shall submit a report to the
9 47 governor and the general assembly, annually by January
9 48 15, regarding the development and implementation of
9 49 these health care measures, indicators, events,
9 50 practices, and products and the resultant assessments
10 1 of health care quality. For the purposes of this
10 2 subsection, "national quality forum" means the
10 3 membership organization, which is exempt from federal
10 4 income taxation under section 501(c)(3) of the
10 5 Internal Revenue Code, created to develop and
10 6 implement a national strategy for health care quality
10 7 measurement and reporting as a result of the report
10 8 issued in 1998 by the president's advisory commission
10 9 on consumer protection and quality in the health care
10 10 industry and which was incorporated in May 1999.>
10 11 #78. Page 32, by inserting after line 8, the
10 12 following:
10 13 <#____. Page 34, line 17, by inserting after the
10 14 word <validation> the following: <and shall be
10 15 modeled on those of the national quality forum as
10 16 defined in section 135.40A>.
10 17 #79. Page 32, by inserting after line 22 the
10 18 following:
10 19 <DIVISION ____
10 20 LONG=TERM CARE WORKFORCE
10 21 Sec. ____ DIRECT CARE WORKER ADVISORY COUNCIL ==
10 22 DUTIES == REPORT.
10 23 1. As used in this section, unless the context
10 24 otherwise requires:
10 25 a. "Assistance with instrumental activities of
10 26 daily living" means assistance with activities beyond
10 27 basic needs that assist a consumer in functioning
10 28 independently within the community. Such services may
10 29 include but are not limited to food preparation and

10 30 nutrition, home management, financial management, and
10 31 infection control, but require no physical contact
10 32 between the direct care worker and the consumer.
10 33 b. "Assistance with personal care activities of
10 34 daily living" means care provided to support a
10 35 consumer in meeting the consumer's basic needs while
10 36 acknowledging personal choices and encouraging
10 37 independence, and generally involves physical contact
10 38 between a direct care worker and a consumer. Such
10 39 services include but are not limited to assistance
10 40 with eating and feeding, bathing, skin care, grooming,
10 41 and mobility assistance.
10 42 c. "Department" means the department of public
10 43 health.
10 44 d. "Direct care" means environmental or chore
10 45 services, health monitoring and maintenance,
10 46 assistance with instrumental activities of daily
10 47 living, assistance with personal care activities of
10 48 daily living, personal care support, or specialty
10 49 skill services.
10 50 e. "Direct care worker" means an individual who
11 1 directly provides or assists a consumer in the care of
11 2 the consumer by providing direct care in a variety of
11 3 settings which may or may not require oversight of the
11 4 direct care worker, depending upon the setting.
11 5 "Direct care worker" does not include a nurse, case
11 6 manager, or social worker.
11 7 f. "Director" means the director of public health.
11 8 g. "Environmental or chore services" means
11 9 services provided both inside and outside of a
11 10 consumer's home that are designed to assist a consumer
11 11 in living independently in the community and which
11 12 require no physical contact between the direct care
11 13 worker and the consumer, and which require no special
11 14 education or training beyond task-specific
11 15 orientation. Such services may include but are not
11 16 limited to heavy household cleaning, lawn care, and
11 17 home maintenance.
11 18 h. "Health monitoring and maintenance" means
11 19 medically oriented care that assists a consumer in
11 20 maintaining the consumer's health on a daily basis and
11 21 which generally requires physical contact between a
11 22 direct care worker and a consumer. Such services may
11 23 include but are not limited to checking of vital
11 24 signs, collecting specimens or samples, and assisting
11 25 with range of motion exercises.
11 26 i. "Personal care support" means support provided
11 27 to a consumer as the consumer performs personal and
11 28 instrumental activities of daily living which require
11 29 no physical contact between the direct care worker and
11 30 the consumer. Such support includes testing and
11 31 training, observation, recording, documenting,
11 32 coaching, and supervising.
11 33 j. "Specialty skill services" means services that
11 34 require the care of a direct care worker with
11 35 additional education and training, and generally
11 36 requires physical contact between a direct care worker
11 37 and a consumer. Such services include dementia or
11 38 Alzheimer's care, psychiatric care, monitoring and
11 39 administration of medications, collecting specimens or
11 40 samples, giving shots, hospice and palliative care,
11 41 protective services, restorative and strengthening
11 42 exercises, and mentoring.
11 43 2. A direct care worker advisory council shall be
11 44 appointed by the director and shall include
11 45 representatives of direct care workers, consumers of
11 46 direct care services, educators of direct care
11 47 workers, other health professionals, employers of
11 48 direct care workers, and appropriate state agencies.
11 49 3. Membership, terms of office, quorum, and
11 50 expenses shall be determined by the director pursuant
12 1 to chapter 135.
12 2 4. The direct care worker advisory council shall
12 3 advise the director regarding regulation and
12 4 certification of direct care workers and shall develop
12 5 recommendations regarding all of the following:
12 6 a. Direct care worker classifications based on
12 7 functions and services provided by direct care
12 8 workers. The classifications shall include those
12 9 based on environmental and chore services, assistance
12 10 with instrumental activities of daily living, personal

12 11 care support, assistance with personal care activities
12 12 of daily living, health monitoring and maintenance,
12 13 and specialty skill services.

12 14 b. Functions for each direct care worker
12 15 classification based upon categories of core
12 16 competencies.

12 17 c. An education and training orientation to be
12 18 provided by employers which addresses the components
12 19 of confidentiality; ethics and legal requirements;
12 20 consumer and worker rights; person-directed and
12 21 consumer-centered care; cultural competency; growth,
12 22 development, and disability-specific competency;
12 23 observation, referral, and reporting; communication
12 24 and interpersonal skills; problem solving; safety and
12 25 emergency procedures; infection control and
12 26 occupational safety and health administration
12 27 guidelines; and professional education and training.

12 28 d. Education and training requirements for each of
12 29 the direct care worker classifications.

12 30 e. The standard curriculum required in training of
12 31 direct care workers for each of the direct care worker
12 32 classifications, based on training required for the
12 33 duties specified and related core competencies. The
12 34 curriculum shall be standard notwithstanding the
12 35 entity offering the curriculum, and shall meet or
12 36 exceed federal or state requirements. The curriculum
12 37 shall include a requirement that any direct care
12 38 worker who will be assisting with prescribed
12 39 medications complete a medication aide course.

12 40 f. Education and training equivalency standards
12 41 for individuals who have completed higher education in
12 42 a health care profession based on core competencies
12 43 for each direct care worker classification and in
12 44 correlation with specific institutional curricula in
12 45 health care professions. The standards shall provide
12 46 that those meeting the equivalency standards may take
12 47 any prescribed examination for the appropriate direct
12 48 care worker classification.

12 49 g. Guidelines that allow individuals who are
12 50 members of the direct care workforce prior to the date
13 1 of required certification to be incorporated into the
13 2 new regulatory system based on education, training,
13 3 current certifications, or demonstration of core
13 4 competencies.

13 5 h. Continuing education requirements and standards
13 6 to ensure that direct care workers remain competent
13 7 and adapt to the changing needs of the direct care
13 8 workforce, employers, and consumers. The requirements
13 9 and standards shall meet or exceed federal or state
13 10 continuing education requirements for the applicable
13 11 direct care worker classification existing prior to
13 12 the date of required certification.

13 13 i. Standards to ensure that direct care worker
13 14 educators and trainers retain a level of competency
13 15 and adapt to the changing needs of the direct care
13 16 workforce, employers, and consumers. The standards
13 17 shall meet or exceed federal or state continuing
13 18 education requirements existing prior to the date of
13 19 required certification.

13 20 j. Certification requirements for each
13 21 classification of direct care worker.

13 22 k. Protections for the title "certified direct
13 23 care worker".

13 24 1. (1) Standardized requirements across care
13 25 settings for supervision, if applicable, for each
13 26 classification of direct care worker based on the
13 27 functions being performed.

13 28 (2) The roles and responsibilities of direct care
13 29 worker supervisory positions which shall meet or
13 30 exceed federal and state requirements existing prior
13 31 to the date of required certification.

13 32 m. Required responsibility for maintenance of
13 33 credentialing and continuing education and training by
13 34 individual direct care workers rather than employers.

13 35 n. Provision of information to income maintenance
13 36 workers and case managers under the purview of the
13 37 department of human services about the education and
13 38 training requirements for direct care workers to
13 39 provide the care and services to meet a consumer's
13 40 needs under the home and community-based services
13 41 waiver options under the medical assistance program.

13 42 5. The direct care worker advisory council shall
13 43 report its recommendations to the director by November
13 44 30, 2008, including recommendations for any changes in
13 45 law or rules necessary to implement certification of
13 46 direct care workers beginning July 1, 2009.

13 47 Sec. ____ DIRECT CARE WORKER COMPENSATION ADVISORY
13 48 COMMITTEE == REVIEWS.

13 49 1. a. The general assembly recognizes that direct
13 50 care workers play a vital role and make a valuable
14 1 contribution in providing care to Iowans with a
14 2 variety of needs in both institutional and home and
14 3 community-based settings. Recruiting and retaining
14 4 qualified, highly competent direct care workers is a
14 5 challenge across all employment settings. High rates
14 6 of employee vacancies and staff turnover threaten the
14 7 ability of providers to achieve the core mission of
14 8 providing safe and high quality support to Iowans.
14 9 However, the general assembly also recognizes that the
14 10 high turnover rate and its resulting negative impact
14 11 on the quality of care provided, is perpetuated and
14 12 exacerbated by the inadequate wages and other
14 13 compensation paid to direct care workers.

14 14 b. It is the intent of the general assembly to
14 15 reduce the turnover rate of and improve the quality of
14 16 health care delivered by direct care workers by
14 17 substantially increasing the wages and other
14 18 compensation paid to direct care workers in this
14 19 state.

14 20 c. It is the intent of the general assembly that
14 21 the initial review of and recommendations for
14 22 improving wages and other compensation paid to direct
14 23 care workers focus on nonlicensed direct care workers
14 24 in the nursing facility setting. However, following
14 25 the initial review of wages and other compensation
14 26 paid to direct care workers in the nursing facility
14 27 setting, the department of human services shall
14 28 convene subsequent advisory committees with
14 29 appropriate representatives of public and private
14 30 organizations and consumers to review the wages and
14 31 other compensation paid to and turnover rates of the
14 32 entire spectrum of direct care workers in the various
14 33 settings in which they are employed as a means of
14 34 demonstrating the general assembly's commitment to
14 35 ensuring a stable and quality direct care workforce in
14 36 this state.

14 37 2. The department of human services shall convene
14 38 an initial direct care worker compensation advisory
14 39 committee to develop recommendations for consideration
14 40 by the general assembly during the 2009 legislative
14 41 session regarding wages and other compensation paid to
14 42 direct care workers in nursing facilities. The
14 43 committee shall consist of the following members,
14 44 selected by their respective organizations:

14 45 a. The director of human services, or the
14 46 director's designee.

14 47 b. The director of public health, or the
14 48 director's designee.

14 49 c. The director of the department of elder
14 50 affairs, or the director's designee.

15 1 d. The director of the department of inspections
15 2 and appeals, or the director's designee.

15 3 e. A representative of the Iowa caregivers
15 4 association.

15 5 f. A representative of the Iowa health care
15 6 association.

15 7 g. A representative of the Iowa association of
15 8 homes and services for the aging.

15 9 h. A representative of the AARP Iowa chapter.

15 10 3. The advisory committee shall also include two
15 11 members of the senate and two members of the house of
15 12 representatives, with not more than one member from
15 13 each chamber being from the same political party. The
15 14 legislative members shall serve in an ex officio,
15 15 nonvoting capacity. The two senators shall be
15 16 appointed respectively by the majority leader of the
15 17 senate and the minority leader of the senate, and the
15 18 two representatives shall be appointed respectively by
15 19 the speaker of the house of representatives and the
15 20 minority leader of the house of representatives.

15 21 4. Public members of the committee shall receive
15 22 actual expenses incurred while serving in their

15 23 official capacity and may also be eligible to receive
15 24 compensation as provided in section 7E.6. Legislative
15 25 members of the committee are eligible for per diem and
15 26 reimbursement of actual expenses as provided in
15 27 section 2.10.

15 28 5. The department of human services shall provide
15 29 administrative support to the committee and the
15 30 director of human services, or the director's designee
15 31 shall serve as chairperson of the committee.

15 32 6. The department shall convene the committee no
15 33 later than May 15, 2008. Prior to the initial
15 34 meeting, the department of human services shall
15 35 provide all members of the committee with a detailed
15 36 analysis of trends in wages and other compensation
15 37 paid to direct care workers.

15 38 7. The committee shall consider options related
15 39 but not limited to all of the following:

15 40 a. Revision of the modified price-based case-mix
15 41 reimbursement system for nursing facilities under the
15 42 medical assistance program.

15 43 b. The shortening of the time delay between a
15 44 nursing facility's submittal of cost reports and
15 45 receipt of the reimbursement based upon these cost
15 46 reports.

15 47 c. The targeting of appropriations to provide
15 48 increases in direct care worker compensation.

15 49 d. Creation of a nursing facility provider tax.

15 50 8. Following its deliberations, the committee
16 1 shall submit a report of its findings and
16 2 recommendations regarding improvement in direct care
16 3 worker wages and compensation in the nursing facility
16 4 setting to the governor and the general assembly no
16 5 later than December 12, 2008.

16 6 9. For the purposes of the initial review, "direct
16 7 care worker" means nonlicensed nursing facility staff
16 8 who provide hands-on care including but not limited to
16 9 certified nurse aides and medication aides.

16 10 Sec. _____. DIRECT CARE WORKER IN NURSING FACILITIES
16 11 == TURNOVER REPORT.

16 12 The department of human services shall modify the
16 13 nursing facility cost reports utilized for the medical
16 14 assistance program to capture data by the distinct
16 15 categories of nonlicensed direct care workers and
16 16 other employee categories for the purposes of
16 17 documenting the turnover rates of direct care workers
16 18 and other employees of nursing facilities. The
16 19 department shall submit a report on an annual basis to
16 20 the governor and the general assembly which provides
16 21 an analysis of direct care worker and other nursing
16 22 facility employee turnover by individual nursing
16 23 facility, a comparison of the turnover rate in each
16 24 individual nursing facility with the state average,
16 25 and an analysis of any improvement or decline in
16 26 meeting any accountability goals or other measures
16 27 related to turnover rates. The annual reports shall
16 28 also include any data available regarding turnover
16 29 rate trends, and other information the department
16 30 deems appropriate. The initial report shall be
16 31 submitted no later than December 1, 2008, and
16 32 subsequent reports shall be submitted no later than
16 33 December 1, annually, thereafter.

16 34 Sec. _____. EMPLOYER-SPONSORED HEALTH CARE COVERAGE
16 35 DEMONSTRATION PROJECT == DIRECT CARE WORKERS.

16 36 1. The department of human services shall
16 37 implement a three-year demonstration project to
16 38 provide a health care coverage premium assistance
16 39 program for nonlicensed direct care workers beginning
16 40 July 1, 2009. The department of human services shall
16 41 convene an advisory council consisting of
16 42 representatives of the Iowa caregivers association,
16 43 the Iowa child and family policy center, the Iowa
16 44 association of homes and services for the aging, the
16 45 Iowa health care association, the AARP Iowa chapter,
16 46 the senior living coordinating unit, and other public
16 47 and private entities with interest in the
16 48 demonstration project to assist in designing the
16 49 project. The department shall also review the
16 50 experiences of other states and the medical assistance
17 1 premium assistance program in designing the
17 2 demonstration project. The department, in
17 3 consultation with the advisory council, shall

17 4 establish criteria to determine which nonlicensed
17 5 direct care workers shall be eligible to participate
17 6 in the demonstration project. The project shall allow
17 7 up to five hundred direct care workers and their
17 8 dependents to access health care coverage sponsored by
17 9 the direct care worker's employer subject to all of
17 10 the following:

17 11 a. A participating employer provides health care
17 12 coverage that meets certain parameters of coverage and
17 13 cost specified by the department and the health care
17 14 coverage is available to the employee and the
17 15 employee's dependents.

17 16 b. A participating employer contributes payment
17 17 for at least sixty percent of the total premium cost.

17 18 c. The family income of the direct care worker is
17 19 less than four hundred percent of the federal poverty
17 20 level as defined by the most recently revised poverty
17 21 income guidelines published by the United States
17 22 department of health and human services.

17 23 d. The employee meets any requirement for minimum
17 24 number of hours of work necessary to be eligible for
17 25 the employer's health care coverage.

17 26 e. The premium cost to the employee does not
17 27 exceed seventy-five dollars per month for individual
17 28 employee coverage or one hundred ten dollars per month
17 29 for family coverage, and the employee contributes to
17 30 the cost of the premium on a sliding fee schedule
17 31 specified by the department.

17 32 f. The state may offer additional coverage for
17 33 health care services not provided or paid for by the
17 34 employer-sponsored plan that are in addition to the
17 35 requirements specified by the department. To the
17 36 extent possible, the demonstration project shall also
17 37 incorporate a medical home, wellness and prevention
17 38 services, and chronic care management.

17 39 2. Six months prior to the completion of the
17 40 three-year demonstration project, the department of
17 41 human services, in cooperation with the Iowa
17 42 caregivers association, the AARP Iowa chapter,
17 43 representatives of the senior living coordinating
17 44 unit, the Iowa child and family policy center, and
17 45 representatives of the participating employers, shall
17 46 review the project and make recommendations for
17 47 continuation, termination, modification, or expansion
17 48 of the project. The review shall also determine the
17 49 impact that premium and cost-sharing assistance has on
17 50 employee health care coverage take-up rates, on the
18 1 recruitment and retention of employees, on the ability
18 2 of the state to achieve cost savings by utilizing
18 3 employer contributions to offset the costs of health
18 4 care coverage, and on the lives of the direct care
18 5 workers and their dependents who participate in the
18 6 project. The department shall submit a written
18 7 summary of the review to the general assembly at least
18 8 ninety days prior to the scheduled completion of the
18 9 project.

18 10 Sec. ____ EFFECTIVE DATE. This division of this
18 11 Act, being deemed of immediate importance, takes
18 12 effect upon enactment.>

18 13 #80. Page 32, by striking lines 27 and 28 and
18 14 inserting the following:
18 15 <#____. Title page, by striking line 8 and
18 16 inserting the following: <transparency, health care>.

18 17 #81. Page 32, line 30, by inserting after the word
18 18 <access,> the following: <, the long-term care
18 19 workforce,>.

18 20 #82. Page 32, line 30, by inserting after the word
18 21 <appropriations,> the following: <and providing
18 22 effective date and applicability provisions>.

18 23 #83. By renumbering, relettering, or redesignating
18 24 and correcting internal references as necessary.

18 25
18 26
18 27

18 28 JACK HATCH
18 29 HF 2539.510 82
18 30 pf/nh/10993